



LIFETIME REPLACEMENT AFFIDAVIT

State Form 31540 (R3 / 3-02)

Department of Natural Resources / Fish and Wildlife Division

INSTRUCTIONS: Fill in all license information below (Please print legibly)

Mail your affidavit to: Licenses
DNR Customer Service Center
402 West Washington Street, Room W160
Indianapolis, IN 46204-2781

FOR OFFICE USE ONLY

New license number _____

Replaces number _____

Date _____

☐ Check number _____

☐ Money order number _____

Certified number _____

Name of applicant (<i>last, first, middle</i>)		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Address (<i>street or rural route number, city, state, ZIP code</i>)		
County	Birthdate (<i>month, day year</i>)	Telephone number ()
1. Was your original license: <input type="checkbox"/> Lost? <input type="checkbox"/> Stolen? <input type="checkbox"/> Destroyed?	2. What was your original license type?	3. When was it purchased?

OATH AND SIGNATURE

I, the undersigned, being duly sworn on oath, say that I am the party directly responsible for and holding Lifetime License: Type _____ Number _____, and that said Lifetime License was indeed lost, stolen or defaced. I, therefore, request the replacement of said Lifetime License.		STATE OF _____ SS
Signature of applicant		COUNTY OF _____ SS
Name (<i>printed or typed</i>)		(SEAL)
Subscribed and sworn to before me this _____ day of _____, 20 _____.		
County	Signature of Notary Public	
Date Commission expires	Name (<i>printed or typed</i>)	